BEST AVAILABLE COPY

MULTIPLE	DEPE	NDENT	CLAIM
FEE CAL	CULA	TION S	HEET
(FOR LICE)	MATER 1	CODICE	0.000

SERIAL NO. 10 532645

FILING DATE

(FOR USE WITH FORM PTO-875)							AP	
							CLAI	MS
	AS	FILED		TER NOMENT		TER ENDMENT		
	IND	DEP.	IND.	DEP.		DEP.	1	
1 2							1	
3	+	-5		 	-	<u> </u>		
4		1967) 	 -	 	 	1	\vdash
5	17				1	 	1	-
6		 					1	
8	- -	19	 			 		
9		W-	1		 	 	ł	-
10								\vdash
11 12	- 							
13	 					·		
14					 			-
15							i	
16 17		 	ļ					
18	+	 	1					<u> </u>
19								\vdash
20	 							
21	 	╅╼┈-						
23	1							-
24.								<u> </u>
25	 	 						
26 27	 	 						
28				•				
29	ļ							
30 31	 		<u> </u>					
32	 			·				H
33								
34	ļ							
35 36								8
37								
38								- W
39 40	 	<u> </u>	<u> </u>					
41	 							9
42								9
43			·				1	9
44 45	 						- 1	9
46	 	·						9 9 9
47								9
48 49				\Box			l	9
50	•				 -			
OTAL IND.	2	4		\$		II.	Ì	1(TOTA
OTAL DEP	X	4		4		4	ł	TOTAL
TOTAL	70	9	- 3		18		ŀ	TO
CLAIMS	7	MANAGE STATE		2000000			Ĺ	CLA

	AS	AS FILED		TER	AFTER	
	INI	D. DEP.		DEP.		
51				DEI.	HID.	DEP.
52					 	 -
53	-	4				
54	- 					
55	╂	_	1			
56						
57 58			 			
59	-		 			
60	1		 			
61	1		1			
62					ļ	
63						 -
64 .						
65						
66						
67	 					
68						
69 70	 					
71			 			
72	 					
73	1	 				
74	 					
75	1		 		-	
76		1				
77						
78					$\overline{\cdot}$	
79 .						
80						
81						
82						
83 84	 					
85	 		ļļ.	[
86	 		-			
87						
88	i	 			<u></u>	
89						
90					 	
91				-		
92						
93						
94						
95						
96 97		-				
98	 -	- -				
99		 				
100						
TOTAL IND.		J.		4		自
TOTAL DEP.		4		, F		des
TOTAL		SECTION.	18	YES CAME		W3 - 20 200
CLAIMS						3000
		U.S. DEPART	MENT of COV	MERCE		